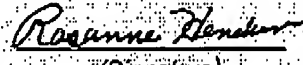


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application:	)	
Lee L. Swanstrom	)	Customer No.: 21378
	)	
U.S. Serial No.: 10/053,053	)	Docket No.: 3395-US
	)	
Filed: January 16, 2002	)	Art Unit: Not yet assigned
	)	
For: LAPAROSCOPIC-ASSISTED ENDOVASCULAR/ ENDOLUMINAL GRAFT PLACEMENT	)	

Dear Sir/Madam:

CERTIFICATE OF FACSIMILE TRANSMISSION	
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office (Fax No. 571) 273-8300 on 3-20-2006	
Rosanne Henahan (Type or print name)	 (Signature)

Attached please find the following documents submitted for filing in reference to the above-referenced application.

1. Information Disclosure Statement;
2. PTO Form SB/08b; and
3. Copy of Cited Reference (1); and
4. Transmittal.

Respectfully submitted,



Rosanne Henahan  
Applied Medical Resources

**CUSTOMER NO.: 21378**

Telephone (949) 713-8000  
Facsimile (949) 713-8206

PTO/SB/21 (02-04)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/053,053	
	Filing Date	January 16, 2002	
	First Named Inventor	Lee L. Swanson	
	Art Unit	3731	
	Examiner Name	Not yet assigned.	
Total Number of Pages In This Submission	11	Attorney Docket Number	3395-US

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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO Form 08b; and Copy of Cited Reference (1).
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	CYNTHIA A. BONNER
Signature	<i>Cynthia A. Bonner</i>
Date	3/20/06

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Rosanne Henahan		
Signature	<i>Rosanne Henahan</i>	Date	3-20-06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:	)	Customer No. 21378
Lee L. Swanstrom	)	
Serial No. 10/053,053	)	Attorney's Docket: 3395-US
Filed: January 16, 2002	)	
For: LAPAROSCOPIC-ASSISTED ENDOVASCULAR/ ENDOLUMINAL GRAFT PLACEMENT	)	

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Dear Sir/Madam:

Enclosed please find a copy of Form PTO/SB/08b, which lists information that may be relevant to the prosecution of the above-captioned application. It is respectfully requested that this information be considered by the Office.

This Statement is being submitted under the terms of 37 C.F.R. § 1.97(b). The information is being filed before the mailing of a first Office Action on the merits. Therefore, it is believed no fee is due.

Under 37 C.F.R. § 1.97(h), it is understood that filing of the Information Disclosure Statement does not constitute an admission that the information submitted is material to patentability.

The Commissioner is hereby authorized to charge any fee deficiency, or credit any over-payment, to our Deposit Account No. 01-2215.

Respectfully submitted,

*Cynthia A. Bonner*

Cynthia A. Bonner  
Attorney for Applicant  
Registration No. 44,548

Date: March 20 2006

Customer No. 21378  
Telephone (949) 713-8000  
Facsimile (949) 713-8206

PTO/SB/08B (08-03)

Approved for use through 07/31/2006. OMB 0661-0031

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Substitute for form 1449/PTO  <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(Use as many sheets as necessary)</i>		<b>Complete if Known</b>	
		Application Number	10/053,053
		Filing Date	January 16, 2002
		First Named Inventor	Lee L. Swanstrom
		Art Unit	3731
		Examiner Name	Not yet assigned.
Sheet 1	of 1	Attorney Docket Number	3395-US

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
		WILSON ET AL., Optimal Imaging for Endovascular Procedures: Redefining the Gold Standard, Cardiovascular Surgery - Surgical Technology International V, pp. 297-303.	

Examiner Signature	Date Considered
--------------------	-----------------

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.88. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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